

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 01/30/2012	
NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/30/12</p> <p>Facility Number: 000135 Provider Number: 155230 AIM Number: 100266820</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rosebud Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. There were no smoke detectors in any resident rooms. The facility has a</p>		K0000	<p>Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirement under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>capacity of 110 and had a census of 64 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/01/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0038 SS=E	<p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit accesses with a ramp was provided with a handrail. LSC 7.2.2.4.2 requires stairs and ramps shall have handrails on both sides. In addition, handrails shall be provided within 30 inches of all portions of the required egress width of stairs. The required egress width shall be provided along the natural path. Exception No 3: Existing stairs, existing ramps, stairs within dwelling units and within guest rooms, and ramps within dwelling units and guest rooms shall be permitted to have a handrail on one side only. This deficient practice affects 18 residents who reside on the C Hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 01/30/12 at 11:45 p.m., the C Hall exit discharged onto a one hundred sixty six foot sloping sidewalk leading to the parking lot with at least three feet of fall along the center section of sidewalk. The C Hall exit sloping sidewalk was not provided with handrail. This was verified by the Maintenance Supervisor at the time of observation and confirmed by the</p>		K0038	<p><b>K038 The facility must provide exit access that is arranged so that exits are readily accessible at all times.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p> <p>1) No residents were harmed</p> <p>2) All residents residing on C-Hall had the potential to be affected. All sidewalks around the facility were assessed to ensure that all are equipped with handrails as necessary and required by regulation.</p> <p>3) The facility has contracted with NBA Builders to install a handrail along the one hundred sixty-six (166) foot sidewalk outside the C-Hall exit.</p> <p>4) The Maintenance Director will add the handrails along the sloping sidewalks to the Preventative Maintenance checks to ensure that repairs occur as warranted.</p> <p>5) The above corrective actions will be completed on or before February 29, 2012.</p>		02/29/2012	

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	administrator at the 1:00 p.m. exit conference on 01/30/12.  3.1-19(b)						

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K0051 SS=F	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6						
	Based on observation and interview, the facility failed to ensure 1 of 3 fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in	K0051	<b>K051 The facility must provide a fire alarm system with approved components, devices or equipment to provide effective warning of fire in any part of the building.</b> The facility will ensure this requirement is met through the following corrective measures 1) No residents were harmed. 2) All residents residing in the facility had the potential to be affected 3) The facility has contracted with Integrated Electronics, Inc. to install a smoke detector in the Maintenance Hall mechanical room that houses the fire alarm panel phone dialer. 4) The Maintenance Director will ensure that all fire alarm control panels located in areas not		02/29/2012		

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	<p>that location. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/30/12 at 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, the fire alarm control panel phone dialer was located in the Maintenance Hall mechanical room and was not electrically supervised by a smoke detector. This was verified by the Maintenance Supervisor at the time of observation and confirmed by the administrator at the 1:00 p.m. exit conference on 01/30/12.</p> <p>3-1.19(b)</p>				<p>continuously occupied are provided with automatic smoke detection at all times.</p> <p>5) The above corrective action will be completed on or before February 29, 2012.</p>		